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| UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.63(b))</small> | |
| Attorney Docket No. | 22000(1)9711CON3 |
| First Inventor or Application Identifier | Placke, Michael E. |
| Title | Formulation and Methods for Treating Neoplasms by Inhalation |
| Express Mail Label No. | ET482398715US |

| | |
|---|---|
| APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small> | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 |
| 1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix) |
| 2. <input checked="" type="checkbox"/> Specification <small>(preferred arrangement set forth below)</small> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure Drawing(s) (35 U.S.C. 113) [Total Sheets 6] | 6. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies |
| 3. <input checked="" type="checkbox"/> Oath or Declaration <small>(Total Pages 3)</small> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <small>(for continuation/divisional with Box 16 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</small> | ACCOMPANYING APPLICATION PARTS 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 73(b) Statement of Attorney 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 11. <input checked="" type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 13. <input type="checkbox"/> Small Entity Statement(s) filed in prior application, Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input checked="" type="checkbox"/> Other: PTO-20381 Credit Card Payment Form |

NOTE: ITEMS 1, 3, 13, 15 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (PTO C.F.R. § 1.47), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.42).

| | |
|--|--|
| 16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) <small>Prior application information: Examiner Azpuru, C. of prior application No. 09 / 000,775 / 1615</small> | |
| For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. | |

| | | | | | |
|--|---------------------------------------|-----------|--------------|----------|--------------|
| 17. CORRESPONDENCE ADDRESS | | | | | |
| <input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or <input checked="" type="checkbox"/> Correspondence address below | | | | | |
| Name | Battelle Pulmonary Therapeutics, Inc. | | | | |
| Address | 1801 Watermark Drive, Suite 100 | | | | |
| City | Columbus | State | OH | Zip Code | 43215-1037 |
| Country | USA | Telephone | 614/340-2358 | Fax | 614/340-2320 |

| | | | |
|-------------------|--------------------|-----------------------------------|------------|
| Name (Print/Type) | Patricia A. Coburn | Registration No. (Attorney/Agent) | 28,594 |
| Signature | Patricia A. Coburn | Date | 02-04-2002 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Express Mail # ET482398715US

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 794.00

Complete if Known

| | |
|----------------------|--------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Placke, Michael E. |
| Examiner Name | |
| Group Art Unit | |
| Attorney Docket No. | 22000(1)9711CON3 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account

Deposit Account Number

Deposit Account Name

The Commissioner is authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below ☐ Credit any overpayments
- ☐ Charge any additional fee(s) during the pendency of this application
- ☐ Charge fee(s) indicated below, except for the filing fee to the aboveidentified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity | Small Entity | Fee Description | Fee Paid |
|---------------|---------------|------------------------|----------|
| Fee Code (\$) | Fee Code (\$) | | |
| 101 740 | 201 370 | Utility filing fee | 740 |
| 106 330 | 206 165 | Design filing fee | |
| 107 510 | 207 255 | Plant filing fee | |
| 108 740 | 208 370 | Reissue filing fee | |
| 114 160 | 214 80 | Provisional filing fee | |

SUBTOTAL (1) (\$ 740

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Extra Claims | Fee from below | Fee Paid |
|--------------------|----------------|----------|
| Total Claims | | |
| 23 | -20** = 3 | 18 |
| 1 | -3** = 0 | 84 |
| Multiple Dependent | | |

| Large Entity | Small Entity | Fee Description |
|---------------|---------------|--|
| Fee Code (\$) | Fee Code (\$) | |
| 103 18 | 203 9 | Claims in excess of 20 |
| 102 84 | 202 42 | Independent claims in excess of 3 |
| 104 280 | 204 140 | Multiple dependent claim, if not paid |
| 109 84 | 209 42 | ** Reissue independent claims over original patent |
| 110 18 | 210 9 | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$ 54

3. ADDITIONAL FEES

Large Entity Small Entity

| Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Paid |
|---------------|---------------|--|----------|
| 105 130 | 205 65 | Surcharge - late filing fee or oath | |
| 127 50 | 227 25 | Surcharge - late provisional filing fee or cover sheet | |
| 139 130 | 139 130 | Non-English specification | |
| 147 2,520 | 147 2,520 | For filing a request for ex parte reexamination | |
| 112 920* | 112 920* | Requesting publication of SIR prior to Examiner action | |
| 113 1,840* | 113 1,840* | Requesting publication of SIR after Examiner action | |
| 115 110 | 215 55 | Extension for reply within first month | |
| 116 400 | 216 200 | Extension for reply within second month | |
| 117 920 | 217 460 | Extension for reply within third month | |
| 118 1,440 | 218 720 | Extension for reply within fourth month | |
| 128 1,960 | 228 980 | Extension for reply within fifth month | |
| 119 320 | 219 160 | Notice of Appeal | |
| 120 320 | 220 160 | Filing a brief in support of an appeal | |
| 121 280 | 221 140 | Request for oral hearing | |
| 138 1,510 | 138 1,510 | Petition to institute a public use proceeding | |
| 140 110 | 240 55 | Petition to revive - unavoidable | |
| 141 1,280 | 241 640 | Petition to revive - unintentional | |
| 142 1,280 | 242 640 | Utility issue fee (or reissue) | |
| 143 480 | 243 230 | Design issue fee | |
| 144 820 | 244 310 | Plant issue fee | |
| 122 130 | 122 130 | Petitions to the Commissioner | |
| 123 50 | 123 50 | Processing fee under 37 CFR 1.17(a) | |
| 126 180 | 126 180 | Submission of Information Disclosure Stmt | |
| 581 40 | 581 40 | Recording each patent assignment per property (times number of properties) | |
| 146 740 | 246 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 149 740 | 249 370 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 179 740 | 279 370 | Request for Continued Examination (RCE) | |
| 169 900 | 169 900 | Request for expedited examination of a design application | |

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ --

SUBMITTED BY

Name (Print/Type) Patricia A. Coburn

Signature Patricia A. Coburn

Registration No. (Attorney/Agent)

28,594

Complete if applicable

Telephone (614) 340-2358

Date 02-04-2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO/2038.

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